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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			•						
DUE DATES:		February 1	First Semester to County Supering to State Supering			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLI	ETE TH	IS CLAIM FO	R STATE REIM	BURSEMEN	T FOR SCI	HOOL BUS TRA	NSPORTATION:		
This clain	n is for the	period beginning	month	day,	20 and e	ndingr	nonth da	20 ny	
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and accurate to th	e best of my kn	owledge.				
Date			Signature, Chair, Boar	rd of Trustees					
County:			District:				District Le	vel:	
23 Judit	h Basir	1	0464 Stanford	l K-12 Sch	ools		High S	chool	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	12	1	84	0.95	42	08/20/04			
100	12	2	98	0.95	47	08/20/04			
100	12	3	96	0.95	41	08/20/04			
100	12	4	108	0.95	47	08/20/04			

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	First Semester February 1 to County Super February 15 to State Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPLE	ETE THIS CLAIM FOR STATE REIM	BURSEMENT FO	R SCHOOL B	US TRANSPORTA	TION:		
This claim	n is for the period beginning	, 20	_ and ending		, 20		
	month	day		month	day		

COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	URSEMEN	T FOR SCH	OOL BUS TRA	NSPOR	TATION:	:
This claim is for the period beginning								20		
			n	nonth	day		1	month	d	ay
CERTIF	ICATIO	N:								
The infor	rmation on	this form is comp	olete and a	accurate to the	e best of my kn	owledge.				
Date			Signature	e, Chair, Board	l of Trustees					
County:			District:						District Le	evel:
23 Judith Basin 0469 Hobson K-12 Schools						High S	chool			
	District	Route		Miles Rate					ays	Bus Driver's
Percentage	#	#		Per Day	Per Mile	Capacity	Inspection	Ope	rated	Social Security #
100	25	2		140	0.95	48	08/17/04			

48

48

66 48 08/17/04

08/17/04

08/17/04

08/25/04

0.95

0.95

1.36

0.95

110

138

124

118

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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Helena, MT 59620-2501						School Bus Transportation County				
DUE First Semester DATES: February 1 to County Superintendent February 15 to State Superintendent							Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRAI	NSPORTATION	:	
This clain	m is for the	period beginning		month	, day	20 and en	ndingm		, 20 lay	
CERTIF	ICATIO	N:								
The infor	rmation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District L	evel:	
23 Judit	th Basir	ı	0471	Raynesfo	ord Elem			Eleme	ntary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	40	1 Λ		68.1	0.05	24	None			

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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	— — Ticiciia, iii 1 33020-2301										
DUE DATES:		February 1 February 15	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clain	n is for the	period beginning			,	20 and	ending		,	20	
				month	day			m	onth d	ay	
CERTIF	CERTIFICATION:										
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kno	owledge.					
Date Signature, Chair, Board of Trustees											
County: District:							District Level:				
23 Judith Basin 0472 Geyser Elem							Elementary				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspe	ction	Days Operated	Bus Driver's Social Security #	
50	58	1 (Thompson)		92	0.95	36	07/2	1/04			
50	58	2 (CRIPPS)		108	0.95	42	07/2	1/04			-
50	58	3-RAYNESFORD		129	0.95	48	07/2	1/04			-
50	58	4-(B.RILEY)		123	0.95	48	08/2	4/04			_
50	58	4-a(B.RILEY)		141.5	0.95	48	08/2	4/04			_
				•		•	*				

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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

— Helelia, WT 59020-2501											
DUE DATES:		February 1 February 15	te Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIMI	BURSEMEN	T FOR S	CHOO	L BUS TRA	NSPORT	ATION:	
This clair	n is for the	period beginning			,	20 ar	nd ending			, 20	
			1	month	day			n	nonth	day	
CERTIF	CERTIFICATION:										
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.					
Date Signature, Chair, Board of Trustees											
County: District:						District Level:					
23 Judith Basin 0473 Geyser H S					High School						
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty	Inspection	Day Opera	'	Bus Driver's Social Security #
50	58	1 (Thompson)		92	0.95	36		07/21/04			
50	58	2 (CRIPPS)		108	0.95	42		07/21/04			
50	58	3-RAYNESFORD		129	0.95	48		07/21/04			
50	58	4-(B.RILEY)		123	0.95	48		08/24/04			
50	58	4-a(B.RILE	(Y)	141.5	0.95	48		08/24/04			

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